



## Church of St Michael

17 St. Michael's Road  
Singapore 327976

### ADULT BAPTISM APPLICATION Form

|   |                                       |
|---|---------------------------------------|
| Baptism Name :                                  |                                       |
| Full Name as in Birth Certificate :             |                                       |
| Date of Birth / Gender :                        | / M or F                              |
| Country of Birth :                              |                                       |
| NRIC or<br>Passport No. (for foreigner) :       |                                       |
| Marital Status: (circle one)                    | Single / Married / Widowed / Divorced |
| Address :                                       |                                       |
| Email address:                                  |                                       |
| Contact Nos.: Mobile _____ Home Telephone _____ |                                       |
| Father's Full Name :                            |                                       |
| Mother's Full MAIDEN Name :                     |                                       |

#### **If married :**

|   |           |
|---|-----------|
| Full name of spouse :                             | Religion: |
| Name of Church of Marriage :                      |           |
| Country :   | Date :    |
| Civil Marriage:                                   |           |
| Country : _____ Date: _____ Certificate No: _____ |           |

**Godparent Particulars**

*(Must be above 16 years' of age, Baptised, Confirmed and practicing Catholic)*

| <b><u>Godfather</u></b> |   | <b><u>Godmother</u></b> |
|-------------------------|---|-------------------------|
|                         | Name:                                       |                         |
|                         | Address:                                    |                         |
|                         | Contact Nos: Mobile<br>or<br>Home telephone |                         |

*(All Baptism records are maintained at the Parish Office of baptism. The record will be required for Confirmation and Marriage preparation purpose.)*

I confirm to the details above and agree to be baptised into the Catholic Church.

Applicant's Signature : \_\_\_\_\_ Date : \_\_\_\_\_

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**Office use only**

Date of Baptism : \_\_\_\_\_

Time of Baptism : \_\_\_\_\_

Minister : \_\_\_\_\_

Record No. : \_\_\_\_\_